

**OKLAHOMA DEPARTMENT OF CORRECTIONS**

**Memorandum of Understanding  
Medication/Vaccine Distribution Agreement**

**DATE:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

This is a Memorandum of Understanding between the Oklahoma State Department of Health \_\_\_\_\_ County Health Department and Oklahoma State Department of Corrections \_\_\_\_\_ Correctional Center ("the facility"). The facility agrees to transport the medications/vaccine in a closed container and agrees to return any and all unused portions in a closed container to the \_\_\_\_\_ County Health Department. The facility further agrees to provide security for the medications during transport and distribution.

The facility agrees to administer the medication in accordance with the provided regimen and educational material. The facility also agrees to refer all symptomatic persons to the appropriate definitive care facility. The facility agrees to utilize the provided NAPH forms for each person that receives the medication. The facility agrees to return all forms to the \_\_\_\_\_ County Health Department. The facility agrees to notify the \_\_\_\_\_ County Health Department of all persons declining medication, those who are symptomatic or who have been exposed to the biological agent.

Below are the names of the authorized persons representing the facility that will pick up medications or vaccine in the event of a biological emergency. These individuals will present to the distribution site upon notification from the \_\_\_\_\_ County Health Department of a biologic event. These individual will present with two forms of photo identification.

Authorized persons: \_\_\_\_\_ **CHSA**  
\_\_\_\_\_

Number of Staff: \_\_\_\_\_ Number of doses to dispense: \_\_\_\_\_

**CHSA**

**Alternate authorized staff member**

| <b>Person</b> | <b>Type of Training</b> | <b>Date Training Received</b> |
|---------------|-------------------------|-------------------------------|
|               | NAPH Forms              |                               |
|               | ICS 300                 |                               |
|               | NIMS/ICS 700            |                               |
|               | NAPH Forms              |                               |
|               | ICS 300                 |                               |
|               | NIMS/ICS 700            |                               |
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